

**State of Iowa**

Department of Administrative Services – Human Resources Enterprise

**DONATED LEAVE FOR CATASTROPHIC ILLNESS REQUEST**

**Definition - “Catastrophic Illness” means a physical or mental illness or injury, as certified by a licensed physician, that will result in the inability of the employee to work for more than 30 workdays on a consecutive or intermittent basis.**

\_\_\_\_\_ employed by \_\_\_\_\_  
(Recipient) (Department)

has met all of the eligibility criteria to receive donated leave hours. If you want to donate compensatory, holiday or banked holiday, or vacation leave hours to

\_\_\_\_\_, request a “Donated Leave for Catastrophic  
(Recipient)

Illness Contributions” form from:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**NOTE:** This announcement will remain posted for as long as the recipient qualifies to receive donated leave.

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